471-000-532 Nebraska Medicaid Managed Care and Fee-For Service Care Fee Schedule for Mental Health and Substance Use Services

This fee schedule lists the procedure codes and rates for mental health and substance use services. Each procedure code is listed with the Medicaid fee schedule allowable for the type of provider. Payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

Procedure Code Descriptions:

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For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedural Terminology (CPT). CPT procedure code manuals are also available through private vendors.

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS web site at http://www.cms.gov/ HCPCS procedure code manuals are available through private vendors.

NOTE: This appendix includes information for both Nebraska Medicaid "Fee-for-Service" (non-managed care) codes and Nebraska Medicaid Managed Care codes.

Providers must be specifically enrolled with Medicaid for each type of service they provide to a Medicaid fee-for-service client.

Providers must be specifically enrolled with Medicaid and credentialed with Magellan for each type of managed care service they provide.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology, Copyright 2012, by the American Medical Association (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures which are copyrighted by the American Medical Association.

Please call the Nebraska Medicaid Inquiry Line at 1-877-255-3092 (or 471-9128 in Lincoln) with questions about this Fee Schedule.

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90791		Initial Diagnostic Interview	\$131.01	\$131.01	\$123.00	\$123.00			
90791	GT	Initial Diagnostic Interview (telehealth)	\$131.01	\$131.01	\$123.00	\$123.00			
		Initial Diagnostic Interview (with med							
90792		services)	\$131.01	\$131.01	\$123.00	\$123.00			
90832		Individual psychotherapy - 30 min.	\$66.55	\$66.55	\$53.29	\$53.29	\$46.59	\$46.59	\$44.25
		Individual psychotherapy - 30 min. (PRFC)							
90832	U2	. ,	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
00022	112	Individual psychotherapy - 30 min. (Day	666.55	666 55	ć=2.20	ć=2.20		¢46.50	644.25
90832	U3	Treatment) Individual psychotherapy -30 min. (IOP-	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U4	Facility)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
30032	04	Individual psychotherapy - 30 min. (IOP-	700.55	700.55	755.25	755.25		Ş40.33	Ş44.23
90832	U5	Home based)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
		Individual psychotherapy - 30 min. + E/M							
90833		code	\$59.54	\$59.54	\$41.56	\$41.56			
		Individual psychotherapy - 30 min. + E/M							
90833	GT	code (telehealth)	\$59.54	\$59.54	\$41.99	\$41.99			
00022		Individual psychotherapy - 30 min. (IOP-	ĆE0.04	ć=0.04	Ć44 FC	Ć44 EC			
90833	U4	Facility) + E/M code	\$58.94	\$58.94	\$41.56	\$41.56			
90833	U5	Individual psychotherapy - 30 min. (IOP- Home based) + E/M code	\$58.94	\$58.94	\$41.56	\$41.56			
90834	03	Individual psychotherapy - 45 min.	\$93.22	\$93.22	\$74.64	\$74.64	\$64.27	\$64.27	\$61.06
30034		Individual psychotherapy - 45 min. (Adult	755.22	755.22	774.04	Ş7 1. 04	704.27	Ç04.27	701.00
90834	HF	substance use)			\$74.64	\$74.64	\$64.27	\$64.27	\$61.06
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90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
		Individual psychotherapy - 45 min. (Day							
90834	U3	Treatment)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
		Individual psychotherapy -45 min. (IOP-							
90834	U4	Facility)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
00024		Individual psychotherapy - 45 min. (IOP-	ć02.22	ຕຸດວ ວວ	¢74.64	Ć74.C4		¢64.27	¢C1.0C
90834	U5	Home based)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
30034	- 00	Individual psychotherapy - 45 min. + E/M	773.22	755.22	\$74.04	774.04		Ş04.27	Ç01.00
90836		code	\$77.93	\$77.93	\$50.89	\$50.89			
		Individual psychotherapy - 45 min. (IOP-							
90836	U4	Facility) + E/M code	\$77.93	\$77.93	\$50.89	\$50.89			
		Individual psychotherapy - 45 min. (IOP-							
90836	U5	Home based) + E/M code	\$77.93	\$77.93	\$50.89	\$50.89			
90837		Individual psychotherapy - 60 min.	\$136.55	\$136.55	\$109.34	\$109.34	\$95.58	\$95.58	\$90.81
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
		Individual psychotherapy - 60 min. (Day							
90837	U3	Treatment)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
		Individual psychotherapy - 60 min. (IOP-							
90837	U4	Facility)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
		Individual psychotherapy - 60 min. (IOP-							
90837	U5	Home based)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
00027	116	Individual psychotherapy - 60 min. (ThGh)	¢126 FF	¢126 FF	¢100.24	¢100.24		¢0F F0	¢00.91
90837	U6	Individual psychotherapy - 60 min. + E/M	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
90838		code	\$125.76	\$125.76	\$100.77	\$100.77			
33030		Individual psychotherapy - 60 min. (IOP-	Ç123.70	Ψ_2_3.70	Ţ 200.77	Ţ_00.77			
90838	U4	Facility) + E/M code	\$111.85	\$111.85	\$98.22	\$98.22			
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CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90791		Initial Diagnostic Interview			\$88.03		\$88.03	\$101.72	
90791	GT	Initial Diagnostic Interview (telehealth)			\$88.03		\$88.03	\$101.72	
90792		Initial Diagnostic Interview (with med services)							
90832		Individual psychotherapy - 30 min.	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U4	Individual psychotherapy -30 min. (IOP-Facility)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
		Individual psychotherapy - 30 min. (IOP-							
90832	U5	Home based)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90833		Individual psychotherapy - 30 min. + E/M code							
90833	GT	Individual psychotherapy - 30 min. + E/M code (telehealth)							
90833	U4	Individual psychotherapy - 30 min. (IOP- Facility) + E/M code							
90833	U5	Individual psychotherapy - 30 min. (IOP- Home based) + E/M code							
90834		Individual psychotherapy - 45 min.	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	HF	Individual psychotherapy - 45 min. (Adult substance use)	\$61.06	\$64.27	\$73.75	\$67.70	\$73.75	\$77.63	\$64.27
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	U4	Individual psychotherapy -45 min. (IOP-Facility)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	U5	Individual psychotherapy - 45 min. (IOP- Home based)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90836		Individual psychotherapy - 45 min. + E/M code							
90836	U4	Individual psychotherapy - 45 min. (IOP- Facility) + E/M code							
90836	U5	Individual psychotherapy - 45 min. (IOP- Home based) + E/M code							
90837		Individual psychotherapy - 60 min.	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U3	Individual psychotherapy - 60 min. (Day Treatment)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U4	Individual psychotherapy - 60 min. (IOP- Facility)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U5	Individual psychotherapy - 60 min. (IOP- Home based)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90838	30	Individual psychotherapy - 60 min. + E/M	750.01	755.55	Ţ_20.00		,	,	+30.00
90838	U4	Individual psychotherapy - 60 min. (IOP- Facility) + E/M code							
20030	5	i demey) · L/ IVI code		1					

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90838	U5	Individual psychotherapy - 60 min. (IOP- Home based) + E/M code	\$111.85	\$111.85	\$98.22	\$98.22			
90839		Individual psychotherapy - Crisis (1st hour)	\$124.52	\$124.52	\$99.70	\$99.70	\$86.52	\$86.52	\$82.20
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)	\$50.77	\$50.77	\$40.65	\$40.65	\$36.64	\$36.64	\$34.80
90846		Family psychotherapy (w/o client present) - office	\$116.28	\$116.28	\$83.66	\$83.66	\$83.66	\$83.66	\$81.55
90846	НА	Family psychotherapy (w/o client present) - home based	\$118.61	\$118.61	\$86.48	\$86.48		\$86.48	\$84.38
90846	HF	Family psychotherapy (w/o client present) - Adult substance use		\$83.68	\$83.68	\$83.68	\$83.68	\$83.68	\$81.60
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90847		Family psychotherapy (with client present)	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847	ET	Family psychotherapy (with client present) - Crisis	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847	НА	Family psychotherapy (with client present) - Home based	\$124.17	\$124.17	\$100.25	\$100.25		\$88.15	\$83.95
90847	HF	Family psychotherapy (with client present) - Adult substance use			\$96.16	\$96.16	\$85.35	\$85.35	\$81.08
90847	U2	Family psychotherapy (with client present) - PRFC	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$85.35
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$85.35
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$81.08
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$81.08
90847	U6	Family psychotherapy (with client present) - ThGh	\$121.92	\$121.92	\$97.63	\$97.63	40-0-	\$85.35	\$81.08
90847	U7	Parent Child Interaction Therapy (PCIT) Child-Parent Psychotherapy (CPP)	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847 90853	U8	Group psychotherapy	\$121.92 \$36.84	\$121.92 \$36.84	\$97.63 \$29.49	\$97.63 \$29.49	\$85.35 \$25.40	\$85.35 \$25.40	\$81.08 \$24.50
90853	U2	Group psychotherapy - PRFC	\$36.84	\$36.84	\$29.49	\$29.49	\$23.40	\$25.40	\$24.50
90853	U3	Group psychotherapy - Day Treatment	\$36.84	\$36.84	\$29.49	\$29.49	\$25.40	\$25.40	\$24.50
90853	U4	Group psychotherapy - IOP - Facility based	\$36.84	\$36.84	\$29.49	\$29.49	ć25.40	\$25.40	\$24.50
90853	U6	Groupt psychotherapy - ThGh Electroconvulsive Therapy - ECT (Includes	\$36.84	\$36.84	\$29.49	\$29.49	\$25.40	\$25.40	\$24.50
90870		Necessary Monitoring)	\$55.91	\$55.91	622 : :	622	647.00	647.00	646.55
90887		Conference regarding client treatment	\$27.80	\$27.80	\$22.44	\$22.44	\$17.00	\$17.00	\$16.56
90887	U5	In-home Conf. regarding client treatment	\$27.38	\$27.38	\$22.44	\$22.44	\$16.75	\$16.75	\$16.32
96101		Psychological Testing - 1 hour							
96101	52	Psychological Testing - 1/2 hour	40 ==	40 ==	40 ==	40			
96372		Therapeutic Injection Established patient Evaluation/Management -	\$9.75	\$9.75	\$9.75	\$9.75			
99211		office or outpatient visit	\$31.42	\$31.42	\$28.01	\$28.01			

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90838	U5	Individual psychotherapy - 60 min. (IOP- Home based) + E/M code							
90839		Individual psychotherapy - Crisis (1st hour)		\$86.52	\$98.52	\$82.20	\$98.52	\$103.70	\$86.52
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)		\$40.19	\$40.16	\$34.80	\$40.16	\$42.28	\$36.64
90846		Family psychotherapy (w/o client present) - office		\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	НА	Family psychotherapy (w/o client present) - home based	\$84.38	\$86.48	\$93.35		\$93.35	\$95.70	\$86.48
90846	HF	Family psychotherapy (w/o client present) - Adult substance use		\$83.68	\$90.70	\$81.60	\$90.70	\$93.03	\$83.68
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90847		Family psychotherapy (with client present)		\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	ET	Family psychotherapy (with client present) - Crisis		\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	НА	Family psychotherapy (with client present) - Home based	\$83.95	\$88.15	\$99.10		\$99.10	\$100.01	
90847	HF	Family psychotherapy (with client present) - Adult substance use		\$85.35	\$95.01	\$81.08	\$95.01	\$100.01	\$85.35
90847	U2	Family psychotherapy (with client present) - PRFC	\$81.08	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$81.08	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U6	Family psychotherapy (with client present) - ThGh	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847 90847	U7 U8	Parent Child Interaction Therapy (PCIT) Child-Parent Psychotherapy (CPP)		\$85.35 \$85.35	\$95.01 \$95.01		\$95.01 \$95.01	\$100.01 \$100.01	
90853	- 00	Group psychotherapy		\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U2	Group psychotherapy - PRFC	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U3	Group psychotherapy - Day Treatment	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U4	Group psychotherapy - IOP - Facility based	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U6	Groupt psychotherapy - ThGh Electroconvulsive Therapy - ECT (Includes	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90870		Necessary Monitoring)							
90887		Conference regarding client treatment		\$17.00	\$16.68		\$16.68	\$22.78	\$17.00
90887	U5	In-home Conf. regarding client treatment		\$16.75	\$16.43		\$16.43	\$22.44	\$16.75
96101		Psychological Testing - 1 hour			\$87.58			\$89.89	
96101	52	Psychological Testing - 1/2 hour			\$43.69			\$44.85	
96372		Therapeutic Injection							
99211		Established patient Evaluation/Management - office or outpatient visit							

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
		Established patient Evaluation/Management -							
99212		office or outpatient visit (focused)	\$47.37	¢47.27	\$40.27	¢40.27			
99212			\$47.37	\$47.37	\$40.27	\$40.27			
		Established patient Evaluation/Management -							
99213		office or outpatient visit (low complexity)	\$62.87	\$62.87	\$53.45	\$53.45			
33213		Established patient Evaluation/Management -	702.07	J02.07	Ş33. 4 3	755.45			
		office or outpatient visit (moderate							
99214		complexity)	\$86.30	\$86.30	\$73.35	\$73.35			
		Established patient Evaluation/Management - office or outpatient visit (high complexity)							
99215		office of outpatient visit (flight complexity)	\$86.35	\$86.35	\$73.40	\$73.40			
		Initial inpatient hospital care - per day							
		Evaluation/Management (low complexity)							
99221			\$48.17	\$48.17	\$40.94	\$40.94			
		Initial inpatient hospital care - per day							
00222		Evaluation/Management (moderate	67442	67440	¢62.02	¢62.02			
99222		complexity)	\$74.13	\$74.13	\$63.02	\$63.02			
		Initial inpatient hospital care - per day							
99223		Evaluation/Management (high complexity)	\$91.02	\$91.02	\$77.37	\$77.37			
33223		Subsequent inpatient hospital care - per day	J91.02	J91.02	\$11.31	٦//.5/			
99231		Evaluation/Management (focused)	\$29.65	\$29.65	\$25.20	\$25.20			
33231			Ψ23.03	Ψ23.00	\$25.25	Ψ20.20			
		Subsequent inpatient hospital care - per day							
99232		Evaluation/Management (expanded)	\$44.42	\$44.42	\$37.75	\$37.75			
		Subsequent inpatient hospital care - per day							
99233		Evaluation/Management (detailed)	\$52.78	\$52.78	\$44.87	\$44.87			
		Office Consultation outpatient (focused)							
99241		Office Consultation outpatient (locuseu)	\$46.51	\$46.51	\$39.54	\$39.54			
		Office Consultation outpatient (expanded)							
99242			\$53.90	\$53.90	\$45.81	\$45.81			
00242		Office Consultation outpatient (detailed)	607.74	607.74	67450	67450			
99243			\$87.74	\$87.74	\$74.58	\$74.58			
		Office Consultation outpatient							
99244		(comprehensive - moderate complexity)	\$96.82	\$96.82	\$82.30	\$82.30			
332		Office Consultation outpatient	ψ30.02	ψ50.02	Ψ02.00	ψ02.00			
99245		(comprehensive - high complexity)	\$96.82	\$96.82	\$82.30	\$82.30			
99251		Inpatient Consultation (focused)	\$49.36	\$49.36	\$41.95	\$41.95			
99252		Inpatient Consultation (expanded)	\$61.75	\$61.75	\$52.48	\$52.48			
99253		Inpatient Consultation (detailed)	\$88.53	\$88.53	\$75.25	\$75.25			
		Inpatient Consultation (comprehensive -							
99254		moderate complexity)	\$104.26	\$104.26	\$88.82	\$88.82			
		Inpatient Consultation (comprehensive - high			l .				
99255		complexity)	\$118.00	\$118.00	\$100.29	\$100.29			
H0001		Substance Use Assessment	\$221.86	\$221.86	\$184.89	\$184.89		\$184.89	
H0001	52	Substance Use Assessment - Addendum	\$66.14	\$66.14	\$66.14	\$66.14	Ć104.00	\$66.14	6400.45
H0002		Bio-psychosocial Assessment	\$221.86	\$221.86	\$184.89	\$184.89	\$184.89	\$184.89	\$180.15
H0002	52	Bio-psychosocial Assessment - Addendum	\$66.14	\$66.14	\$66.14	\$66.14	\$66.14	\$66.14	\$64.43
H0002 H0005	34	Group Therapy - Adult Substance Use	00.14	900.14	\$25.21	\$25.21	\$24.84	\$25.21	\$24.56
1.0003		Annual Supervision Assessment by			723.21	Y2J.21	727.0 1	723.21	72 4.30
H0031	АН	Psychologist							
H0031	НО	Initial Diagnostic Interview by LIMHP							
		,							
H0031	52	Annual Supervision Assessment by LIMHP							
		Client Assistance Program (CAP) services							
H0046		Cheric Assistance Program (CAP) Services	\$65.12	\$65.12	1			\$65.12	\$63.46

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
99212		Established patient Evaluation/Management - office or outpatient visit (focused)							
		Established patient Evaluation/Management - office or outpatient visit (low complexity)							
99213		Established patient Evaluation/Management - office or outpatient visit (moderate							
99214		complexity) Established patient Evaluation/Management - office or outpatient visit (high complexity)							
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)							
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)							
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)							
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)							
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)							
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)							
99241		Office Consultation outpatient (focused)							
99242		Office Consultation outpatient (expanded)							
99243		Office Consultation outpatient (detailed)							
99244		Office Consultation outpatient (comprehensive - moderate complexity)							
99245 99251		Office Consultation outpatient (comprehensive - high complexity) Inpatient Consultation (focused)							
99252		Inpatient Consultation (expanded)							
99253		Inpatient Consultation (detailed) Inpatient Consultation (comprehensive -							
99254		moderate complexity)							
99255		Inpatient Consultation (comprehensive - high complexity)							
H0001		Substance Use Assessment		\$184.89	\$216.18		\$216.18	\$221.86	\$184.89
H0001 H0002	52	Substance Use Assessment - Addendum Bio-psychosocial Assessment		\$66.14 \$184.89	\$64.43 \$216.17		\$64.43 \$216.17	\$66.14 \$221.86	\$66.14
H0002	52	Bio-psychosocial Assessment - Addendum		\$66.14	\$64.43		\$64.43	\$66.14	
H0005	32	Group Therapy - Adult Substance Use	\$24.56	\$25.21	\$32.74	\$24.56	\$32.74	\$33.60	\$25.21
H0031	АН	Annual Supervision Assessment by Psychologist						\$82.40	
H0031	НО	Initial Diagnostic Interview by LIMHP		\$79.35					
H0031	52	Annual Supervision Assessment by LIMHP		\$60.90					
		Client Assistance Program (CAP) services							

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
H1011		Family Assessment	\$70.55	\$70.55	\$70.55	\$70.55	\$70.55	\$70.55	\$68.74
		Addendum - Sexual Offending Risk							
H2000	HA	Assessment for clients age 20 and under	\$261.25	\$261.25	\$257.29	\$257.29	\$257.29	\$257.29	\$254.55
		Sexual Offending Risk Assessment for clients							
H2000	SK	age 20 and under	\$524.47	\$524.47	\$524.47	\$524.47	\$524.47	\$524.47	\$511.01
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34	\$0.34	\$0.34	\$0.34			
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.27	\$2.27	\$2.27	\$2.27			
		Injection - Haloperidol Decanoate - per 50mg							
J1631		(Haldol Decanoate)	\$3.89	\$3.89	\$3.89	\$3.89			
		Injection - Fluphenazine Decanoate - up to							
J2680		25mg (Prolixin Decanoate)	\$3.04	\$3.04	\$3.04	\$3.04			
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.27	\$7.27	\$7.27	\$7.27			
T1013		Oral Interpretive Service (15 min.)	\$6.99	\$6.99	\$6.99	\$6.99		\$6.99	\$6.81
T1013	SC	Sign Language Service (15 min.)	\$9.80	\$9.80	\$9.80	\$9.80		\$9.80	\$9.55

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
H1011		Family Assessment		\$70.55	\$68.74		\$68.74	\$70.55	
		Addendum - Sexual Offending Risk							
H2000	HA	Assessment for clients age 20 and under		\$261.25	\$254.55		\$254.55	\$261.25	
		Sexual Offending Risk Assessment for clients							
H2000	SK	age 20 and under		\$524.47	\$511.01		\$511.01	\$524.47	
J0400		Injection - Aripiprazole 0.25 mg (Abilify)							
J1630		Injection - Haloperidol - up to 5mg (Haldol)							
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)							
		Injection - Fluphenazine Decanoate - up to							
J2680		25mg (Prolixin Decanoate)							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)							
T1013		Oral Interpretive Service (15 min.)		\$6.99	\$6.81	\$6.81	\$6.81	\$6.99	\$6.99
T1013	SC	Sign Language Service (15 min.)		\$9.80	\$9.55	\$9.55	\$9.55	\$9.80	\$9.80

			10	12 Hosp	13 Prof	14 Home	35 MH	A1 Accort	44 Comm
CODE	MOD	DESCRIPTION	Hospital	Clinic	Clinic	Health	Home Health	Comm	Suppt
		Family psychotherapy (w/o client present) -					Health		
90846	U3	Day Treatment							
00070		Electroconvulsive Therapy - ECT (Includes	4440.07						
90870		Necessary Monitoring)	\$110.27	Ć0.75	Ć0.75				
96372		Therapeutic Injection Adult Substance Use - Sub-acute	\$9.75	\$9.75	\$9.75				
		Detoxification (inpatient residential addiction							
H0010		program) - ASAM Level III. 7-D							
		Adult Substance Use - Sub-acute							
		Detoxification (residential addiction program							
H0012		outpatient) - ASAM Level III. 2-D							
		Adult Substance Use - Ambulatory							
H0014		Detoxification - ASAM Level II -D							
		Adult Substance Use - Intensive Outpatient							
		(IOP)- dual diagnosis capable - ASAM Level II.							
H0015		1 (Per hour rate)							
		Adult Substance Use - Short-Term Non-							
		hospital Residential Treatment Program -dual diagnosis capable - ASAM High residential							
H0018	HF	Level III.5 (per diem) W/O room & board							
110010		Ecter mis (per diem) w/o room a source							
		Adult Substance Use - Non-hosptial							
		Residential Treatment Program - dual							
		diagnosis capable - ASAM High residential							
H0018	НН	Level III.5 (per diem) W/O room & board							
		Adult Substance Use - Long-term Residential							
		>30 days - dual diagnosis capable - ASAM							
110010		Medium residential Level III.3 (per diem) W/O							
H0019		room & board Adult Substance Use - Long-term Residential							
		Treatment Program - dual diagnosis capable -							
		ASAM Medium residential Level III.3 (per							
H0019	TT	diem)							
		Adult Substance Use - Parital Hospitalization							
		Treatment > 24 hours - ASAM Level II.5 (per							
H0035		diem)							
H0036		Community Treatment Aide (CTA) (per 15 min.)		\$11.04	\$11.04		\$11.04		
П0030		Assertive Community Treatment Program		\$11.04	311.04		\$11.04		
H0040		(ACT) - (MRO) (per diem)						\$44.55	
		(Alternate) Assertive Community Treatment							
H0040	52	Program (ACT) - (MRO) (per diem)						\$41.88	
		Comprehensive Multidisciplinary Evaluation		44.001.05	44.004.00				
H2000	1	(CCAA)		\$1,004.69	\$1,004.69				
		Comprehensive Multidisciplinary Evaluation							
H2000	U1	(CCAA) - room & board 3 unit max.		\$166.39	\$166.39				
		Comprehensive Multidisciplinary Evaluation		+ 200.00	7200.00				
H2000	52	(CCAA) - Addendum		\$459.50	\$459.50				
		Partial Hospitalization - minimum 6 units (per							
H2012		hour rate)	\$42.37						
	l	Partial Hospitalization - maximum 3 units (per							
H2012	52	hour rate)	\$42.37						
⊔ 2012		Partial Hospitalization - minimum 6 units (per							
H2012	<u> </u>	hour rate)	ļ	ļ		ļ		L	ļ

		T			47.6.1					
CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
		Family psychotherapy (w/o client present) -			Center					
90846	U3	Day Treatment				\$83.66				
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)								
96372		Therapeutic Injection	\$9.75	\$9.75	\$9.75					
30372		Adult Substance Use - Sub-acute	Ş3.73	33.73	33.73					
		Detoxification (inpatient residential addiction								
H0010		program) - ASAM Level III. 7-D			\$286.31					
110010		Adult Substance Use - Sub-acute			ψ <u>2</u> 00.01					
		Detoxification (residential addiction program								
H0012		outpatient) - ASAM Level III. 2-D			\$171.78					
110012		Adult Substance Use - Ambulatory			γ171.70					
H0014		Detoxification - ASAM Level II -D			\$121.39					
		Adult Substance Use - Intensive Outpatient								
		(IOP)- dual diagnosis capable - ASAM Level II.								
H0015		1 (Per hour rate)			\$27.22					
110013		1 (i ci fiodi fate)			ΥΖ7.22					
		Adult Substance Use - Short-Term Non-								
		hospital Residential Treatment Program -dual								
		diagnosis capable - ASAM High residential								
H0018	HF	Level III.5 (per diem) W/O room & board			\$185.59					
		Adult Substance Use - Non-hosptial								
		Residential Treatment Program - dual								
		diagnosis capable - ASAM High residential								
H0018	НН	Level III.5 (per diem) W/O room & board			\$211.76					
		Adult Substance Use - Long-term Residential								
		>30 days - dual diagnosis capable - ASAM								
110010		Medium residential Level III.3 (per diem) W/O			¢152.00					
H0019		room & board Adult Substance Use - Long-term Residential			\$152.66					
		Treatment Program - dual diagnosis capable -								
		ASAM Medium residential Level III.3 (per								
H0019	TT	diem)			\$137.34					
		Adult Substance Use - Parital Hospitalization								
		Treatment > 24 hours - ASAM Level II.5 (per								
H0035		diem)			\$72.64					
		Community Treatment Aide (CTA) (per 15								
H0036		min.)								
		Assertive Community Treatment Program								
H0040		(ACT) - (MRO) (per diem)								
		(Albania da) Assantina Camananita Taratanant								
H0040	F 2	(Alternate) Assertive Community Treatment								
H0040	52	Program (ACT) - (MRO) (per diem) Comprehensive Multidisciplinary Evaluation								
H2000		(CCAA)								
1.2000		10000								
		Comprehensive Multidisciplinary Evaluation								
H2000	U1	(CCAA) - room & board 3 unit max.								
		Comprehensive Multidisciplinary Evaluation								
H2000	52	(CCAA) - Addendum								
		Partial Hospitalization - minimum 6 units (per								
H2012		hour rate)								
		Partial Hospitalization - maximum 3 units (per								
H2012	52	hour rate)				\$42.37				
112012		Partial Hospitalization - minimum 6 units (per								
H2012		hour rate)					<u> </u>	<u> </u>	<u> </u>	

		<u></u>	1			1		1	1
CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home	41 Assert Comm	44 Comm Suppt
		Development Devidential Transfer and Facility					Health		
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)	\$396.56						
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem)	\$396.56						
		Psychiatric Residential Treatment Facility							
H2013	UB	(PRTF) Hospital- Based: TLD: ICD-Psych (per diem)	\$396.56						
		Psychiatric Residential Treatment Facility							
H2013	UC	(PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)	\$396.56						
112044		Intensive Outpatient (IOP) - Direct Care Staff		67.07	67.07				
H2014		(rate per 15 min.) Community Support Services - mental health -		\$7.07	\$7.07				
H2015	HE	(MRO) (rate per 15 min.)							\$20.45
		Community Support Services - substance use							
H2015	HF	(MRO) (rate per 15 min.)							
		Day Rehabilitation Services - (MRO) -							
H2017		minimum 12 units - (rate per 15 min.) Day Rehabilitation Services - full day - (MRO) -							
H2018		(per diem)							
		Secure Residential Rehabilitation Services -							
H2018	HK	(MRO) - (per diem)							
H2018	TG	Residential Rehabilitation Services - (MRO) - (per diem)							
H2020		Therapeutic Group Home (ThGH) (per diem)							
112020		Therapeutic Group Home (ThGH): TLD: Home							
H2020	UA	(per diem)							
H2020	UB	Therapeutic Group Home (ThGH): TLD: ICD- Psych (per diem)							
H2020	UC	Therapeutic Group Home (ThGH): TLD: ICD-Med/Surg (per diem)							
H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)							
		Adult Substance Use - Halfway House - ASAM							
H2034		Level III.1 (per diem)							
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34						
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.27	\$2.27	\$2.27	\$2.27			
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)	\$3.89	\$3.89	\$3.89	\$3.89			
		Injection - Fluphenazine Decanoate - up to							
J2680		25mg (Prolixin Decanoate) Paliperidone Palmitate 1mg (Invega) by	\$3.04	\$3.04	\$3.04	\$3.04			
J2426		Invoice							
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice							
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.27	\$7.27	\$7.27	\$7.27			
S9123		In-home Nursing Care (per hour)	,	7	Ŧ:*	\$34.37			
55125		Adult Intensive Outpatient (IOP) - 3 hour				751.57			
S9480		minimum (per diem)	\$101.07	\$101.07	\$101.07				
S9484		Observation Room 1-8 hrs. (hourly)	\$33.79						
S9484		Observation Room 9-16 hrs. (hourly)	\$27.07						

CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)								
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem) Psychiatric Residential Treatment Facility								
H2013	UB	(PRTF) Hospital- Based: TLD: ICD-Psych (per diem)								
H2013	UC	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)								
H2014		Intensive Outpatient (IOP) - Direct Care Staff (rate per 15 min.) Community Support Services - mental health -								
H2015	HE	(MRO) (rate per 15 min.) Community Support Services - substance use -								
H2015	HF	(MRO) (rate per 15 min.) Day Rehabilitation Services - (MRO) -			\$20.45					
H2017		minimum 12 units - (rate per 15 min.) Day Rehabilitation Services - full day - (MRO) -	\$2.26							
H2018		(per diem) Secure Residential Rehabilitation Services -	\$54.44							
H2018	HK	(MRO) - (per diem) Residential Rehabilitation Services - (MRO) -		\$337.29						
H2018	TG	(per diem)		\$111.35						
H2020		Therapeutic Group Home (ThGH) (per diem) Therapeutic Group Home (ThGH): TLD: Home						\$158.74		
H2020	UA	(per diem) Therapeutic Group Home (ThGH): TLD: ICD- Psych (per diem)						\$158.74 \$158.74		
H2020		Therapeutic Group Home (ThGH): TLD: ICD- Med/Surg (per diem)						\$158.74		
H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)				\$11.04				
H2034		Adult Substance Use - Halfway House - ASAM Level III.1 (per diem)			\$63.10					
J0400		Injection - Aripiprazole 0.25 mg (Abilify)								
J1630		Injection - Haloperidol - up to 5mg (Haldol) Injection - Haloperidol Decanoate - per 50mg								
J1631 J2680		(Haldol Decanoate) Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)								
J2426		Paliperidone Palmitate 1mg (Invega) by Invoice								
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice								
J2794 S0166		Risperidone, 0.5mg (Risperdal Consta) Invoice Injection - Olanzapine 2.5mg (Zyprexa)		\$7.27						
S9123		In-home Nursing Care (per hour) Adult Intensive Outpatient (IOP) - 3 hour								
S9480 S9484		minimum (per diem) Observation Room 1-8 hrs. (hourly)					\$33.79			
S9484		Observation Room 9-16 hrs. (hourly)					\$27.07			

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CODE	MOD	DESCRIPTION	10	12	Hosp	1	.3 Prof	14 Home	35 MH	41 Assert	44 Comm
CODE	MOD	DESCRIPTION	Hospital	CI	inic	(Clinic	Health	Home Health	Comm	Suppt
									пеанн		
S9484		Observation Room 17-23:59 hrs. (hourly)	\$6.73								
03.0.		Crisis Intervention Mental Health Services	ψοσ								
S9485		(per diem) Tier 1	\$347.50								
		Crisis Intervention Mental Health Services									
S9485		(per diem) Tier 2	\$335.85								
		Crisis Intervention Mental Health Services									
S9485		(per diem) Tier 3	\$324.64								
		Crisis Intervention Mental Health Services									
S9485		(per diem) Tier 4	\$313.45								
					4		45.00				
T1013		Oral Interpretive Service (rate per 15 min.)			\$6.99		\$6.99				
T1013	SC	Sign Language Service (rate per 15 min.)			\$9.80		\$9.80				
T1014		Telehealth transmission (per minute)	\$ 0.08	\$	0.08	\$	0.08				
		Professional Resource Family Care (PRFC) -									
T1027		Direct Care Staff (per diem)									
		Professional Resource Family Care (PRFC) -									
T1027	UA	therapeutic leave day home (per diem)		-						-	
		Professional Resource Family Care (PRFC) -									
T1027	UB	1									
11027	UB	therapuetic leave day psych (per diem)									
T1027		Professional Resource Family Care (PRFC) -									
T1027	UC	therapuetic leave day (per diem)									
T2000		Psychiatric Residential Treatment Facility									
T2033		(PRTF) - Specialty (per diem)									
		Psychiatric Residential Treatment Facility									
T2033	UA	(PRTF) - Specialty: TLD:Home (per diem)									
		Psychiatric Residential Treatment Facility									
T2033	UB	(PRTF) - Specialty: TLD: ICD-Psych (per diem)									
		Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per									
T2033	UC	diem)									
12033	UC.	Psychiatric Residential Treatment Facility									
		(PRTF) - Community Based - Non-Specialty									
T2048		(per diem)									
		Psychiatric Residential Treatment Facility									
		(PRTF) - Community Based - Non-Specialty:									
T2048	UA	TLD:Home (per diem)									
		Psychiatric Residential Treatment Facility									
		(PRTF) - Community Based - Non-Specialty:									
T2048	UB	TLD: ICD-Psych (per diem)									
		Psychiatric Residential Treatment Facility							_	1	
		(PRTF) - Community Based - Non-Specialty:									
T2048	UC	TLD: ICD-Med/Surg (per diem)									
		Acute Inpatient Hospitalization per diem Days									
		1-2	\$699.58								
		Acute Inpatient Hospitalization per diem Days									
		3-4	\$646.69								
		Acute Inpatient Hospitalization per diem Days	l .								
		5-6	\$617.29								
		Acute Inpatient Hospitalization per diem Days	4=								
		7+	\$587.91							-	
		Sub-Acute Inpatient Hospitalization (per	¢534.66								
		diem)	\$521.68								

CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
S9484		Observation Room 17-23:59 hrs. (hourly)					\$6.73			
S9485		Crisis Intervention Mental Health Services (per diem) Tier 1					\$347.50			
S9485		Crisis Intervention Mental Health Services (per diem) Tier 2								
S9485		Crisis Intervention Mental Health Services (per diem) Tier 3 Crisis Intervention Mental Health Services								
S9485		(per diem) Tier 4								
T1013		Oral Interpretive Service (rate per 15 min.)			\$6.99					
T1013	SC	Sign Language Service (rate per 15 min.)			\$9.80					
T1014		Telehealth transmission (per minute) Professional Resource Family Care (PRFC) -								
T1027		Direct Care Staff (per diem)							\$55.55	
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)							\$55.55	
T1027	UB	Professional Resource Family Care (PRFC) - therapuetic leave day psych (per diem)							\$55.55	
T1027	UC	Professional Resource Family Care (PRFC) - therapuetic leave day (per diem)							\$55.55	
T2033		Psychiatric Residential Treatment Facility (PRTF) - Specialty (per diem)								\$313.91
T2033	UA	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD:Home (per diem)								\$313.91
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)								\$313.91
T2033	UC	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per diem)								\$313.91
T2048		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty (per diem)								\$295.03
		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty:								
T2048	UA	TLD:Home (per diem) Psychiatric Residential Treatment Facility								\$295.03
T2048	UB	(PRTF) - Community Based - Non-Specialty: TLD: ICD-Psych (per diem)								\$295.03
T20.40		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty:								ćane na
T2048	UC	TLD: ICD-Med/Surg (per diem) Acute Inpatient Hospitalization per diem Days 1-2								\$295.03
		Acute Inpatient Hospitalization per diem Days 3-4								
		Acute Inpatient Hospitalization per diem Days 5-6								
		Acute Inpatient Hospitalization per diem Days 7+								
		Sub-Acute Inpatient Hospitalization (per diem)								

												37
CPT Code	Modifier	Description	1 MD		2 DO	22 PA	29 APRN	30 RN	36	LMHP	PL	.MHP
90791		Initial Diagnostic Interview	\$ 131.01	\$	131.01	\$ 123.15	\$ 123.15					
90791	GT	Initial Diagnostic Interview (telehealth)	\$ 131.01	\$	131.01	\$ 123.15	\$ 123.15					
		Initial Diagnostic Interview (with med										
90792		services)	\$ 131.01	\$	131.01	\$ 123.15	\$ 123.15					
90832		Individual psychotherapy - 30 min.	\$ 66.55	\$	66.55	\$ 53.29	\$ 53.29	\$ 46.59	\$	46.59	\$	44.59
		Individual psychotherapy - 30 min. (PRFC)		١.					١.		١.	
90832	U2	. , ,	\$ 66.55	\$	66.55	\$ 53.24	\$ 53.24		\$	46.59	\$	44.59
		Individual psychotherapy - 30 min. (Day									_	
90832	U3	Treatment)	\$ 66.55	\$	66.55	\$ 53.24	\$ 53.24		\$	46.59	\$	44.59
00022	114	Individual psychotherapy -30 min. (IOP-	¢ 66.55	خ	66.55	¢ 52.24	¢ 52.24		۲	46.59	Ļ	44.50
90832	U4	Facility) Individual psychotherapy - 30 min. (IOP-	\$ 66.55	\$	66.55	\$ 53.24	\$ 53.24		Ş	46.59	\$	44.59
90832	U5	Home based)	\$ 66.55	\$	66.55	\$ 53.24	\$ 53.24		\$	46.59	\$	44.59
30032	03	Tione based)	\$ 00.55	ڔ	00.55	J JJ.24	J JJ.24		٧	40.33	٧	44.33
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$ 66.55	\$	66.55	\$ 53.24	\$ 53.24		Ś	46.59	\$	44.59
30002		Individual psychotherapy - 30 min. + E/M	ψ σσισσ	Υ	00.00	Ψ 00.12.	ψ 00.E.		7	.0.00	Υ	
90833		code	\$ 59.74	\$	59.74	\$ 41.26	\$ 41.26					
		Individual psychotherapy - 30 min. + E/M				,						
90833	GT	code (telehealth)	\$ 59.74	\$	59.74	\$ 41.88	\$ 41.88					
		Individual psychotherapy - 30 min. (IOP-										
90833	U4	Facility) + E/M code	\$ 58.93	\$	58.93	\$ 41.84	\$ 41.84					
		Individual psychotherapy - 30 min. (IOP-										
90833	U5	Home based) + E/M code	\$ 58.93	\$	58.93	\$ 41.84	\$ 41.84					
90834		Individual psychotherapy - 45 min.	\$ 93.03	\$	93.03	\$ 74.42	\$ 74.42	\$ 64.08	\$	64.08	\$	60.98
		Individual psychotherapy - 45 min. (PRFC)										
90834	U2	marviadar psychotherapy 45 mm. (1 m c)	\$ 93.03	\$	93.03	\$ 74.42	\$ 74.42		\$	64.08	\$	60.98
		Individual psychotherapy - 45 min. (Day										
90834	U3	Treatment)	\$ 93.03	\$	93.03	\$ 74.42	\$ 74.42		\$	64.08	\$	60.98
		Individual psychotherapy -45 min. (IOP-									_	
90834	U4	Facility)	\$ 93.03	\$	93.03	\$ 74.42	\$ 74.42		\$	64.08	\$	60.98
00024		Individual psychotherapy - 45 min. (IOP-	¢ 02.02	۲.	02.02	ć 74.43	ć 74.43		۲	C4 00	۲	CO 00
90834	U5	Home based)	\$ 93.03	\$	93.03	\$ 74.42	\$ 74.42		\$	64.08	\$	60.98
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$ 93.03	\$	93.03	\$ 74.42	\$ 74.42		\$	64.08	\$	60.98
30034	00	Individual psychotherapy - 45 min. + E/M	\$ 55.05	٦	33.03	7 74.42	7 74.42		۲	04.00	Y	00.50
90836		code	\$ 78.25	\$	78.25	\$ 51.31	\$ 51.31					
		Individual psychotherapy - 45 min. (IOP-	7 10.20			7 02.02	7 02.02					
90836	U4	Facility) + E/M code	\$ 78.51	\$	78.51	\$ 50.86	\$ 50.86					
		Individual psychotherapy - 45 min. (IOP-										
90836	U5	Home based) + E/M code	\$ 78.51	\$	78.51	\$ 50.86	\$ 50.86					
90837		Individual psychotherapy - 60 min.	\$ 137.18	\$	137.18	\$ 109.43	\$ 109.43	\$ 107.89	\$	95.56	\$	90.94
		Individual psychotherapy - 60 min. (PRFC)										
90837	U2	1, 1,	\$ 137.18	\$	137.18	\$ 109.43	\$ 109.43		\$	95.56	\$	90.94
		Individual psychotherapy - 60 min. (Day		١.					١.		١.	
90837	U3	Treatment)	\$ 137.18	\$	137.18	\$ 109.43	\$ 109.43		\$	95.56	\$	90.94
00027		Individual psychotherapy - 60 min. (IOP-	6 427 40	,	427.40	ć 400 42	ć 100 12		,	05.50	,	00.04
90837	U4	Facility)	\$ 137.18	\$	137.18	\$ 109.43	\$ 109.43		\$	95.56	\$	90.94
90837	U5	Individual psychotherapy - 60 min. (IOP- Home based)	\$ 137.18	خ	137.18	\$ 109.43	\$ 109.43		۲	95.56	\$	90.94
50037	03	·	15/.18 ډ	\$	137.10	103.43 ډ	103.43 ډ		۶	33.30	ې	50.34
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$ 137.18	\$	137.18	\$ 109.43	\$ 109.43		Ś	95.56	\$	90.94
50057	- 55	Individual psychotherapy - 60 min. + E/M	y 137.10	ڔ	137,10	y 103.43	y 103.43		~	55.50	7	55.54
90838		code	\$ 125.31	\$	125.31	\$ 101.21	\$ 101.21					
		Individual psychotherapy - 60 min. (IOP-	, ==5.51	7		,	,					
90838	U4	Facility) + E/M code	\$ 111.85	\$	111.85	\$ 98.43	\$ 98.43					
		Individual psychotherapy - 60 min. (IOP-										
90838	U5	Home based) + E/M code	\$ 111.85	\$	111.85	\$ 98.43	\$ 98.43		L		L	

		T	20.01.0	1	57 DI-D				
CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90791		Initial Diagnostic Interview			\$ 87.78		\$ 87.78	\$ 102.19	
90791	GT	Initial Diagnostic Interview (telehealth)			\$ 87.78		\$ 87.78	\$ 102.19	
		Initial Diagnostic Interview (with med							
90792		services)							
90832		Individual psychotherapy - 30 min.	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.25	\$ 46.59
		Individual psychotherapy - 30 min. (Day							
90832	U3	Treatment)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
		Individual psychotherapy -30 min. (IOP-							
90832	U4	Facility)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
00000		Individual psychotherapy - 30 min. (IOP-	6 44 50	¢ 46.50	ć 53.50		ć 53.50	ć 55.24	ć 46.50
90832	U5	Home based)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
		Individual psychotherapy - 30 min. + E/M							
90833		code							
90833	GT	Individual psychotherapy - 30 min. + E/M							
90833	GI	code (telehealth) Individual psychotherapy - 30 min. (IOP-							
90833	U4	Facility) + E/M code							
30000		Individual psychotherapy - 30 min. (IOP-							
90833	U5	Home based) + E/M code							
90834		Individual psychotherapy - 45 min.	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
		Individual psychotherapy - 45 min. (PRFC)							
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
		Individual psychotherapy - 45 min. (Day							
90834	U3	Treatment)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
00024	114	Individual psychotherapy -45 min. (IOP-	\$ 60.98	¢ (4.00	ć 7 2.20		ć 7 2.20	ć 77.F3	ć C4.00
90834	U4	Facility) Individual psychotherapy - 45 min. (IOP-	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
90834	U5	Home based)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
3000.		,	Ψ σσ.σσ	Ψ 000	ψ 70.03		ψ 70.00	Ÿ 77.52	ψ σσσ
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
		Individual psychotherapy - 45 min. + E/M							
90836		code							
		Individual psychotherapy - 45 min. (IOP-							
90836	U4	Facility) + E/M code							
90836	U5	Individual psychotherapy - 45 min. (IOP- Home based) + E/M code							
90837	05	Individual psychotherapy - 60 min.	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
30037		1,	Ş 30.34	Ş 33.30	ÿ 103.43		Ş 105.45	7 114.00	γ 33.30
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
		Individual psychotherapy - 60 min. (Day							
90837	U3	Treatment)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
		Individual psychotherapy - 60 min. (IOP-							
90837	U4	Facility)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
0000=		Individual psychotherapy - 60 min. (IOP-	6 00 0	6 05 55	ć 400 ·		ć 400 · ·	£ 444.55	¢ 05 = 5
90837	U5	Home based)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
50057	- 50	Individual psychotherapy - 60 min. + E/M	Ş 50.54	7 75.50	7 103.43		y 103.43	7 114.00	7 23.30
90838		code							
		Individual psychotherapy - 60 min. (IOP-							
90838	U4	Facility) + E/M code							
		Individual psychotherapy - 60 min. (IOP-							
90838	U5	Home based) + E/M code							

CPT Code	Modifier	Description	1 MD		2 DO	2	22 PA	29) APRN	3	30 RN	36	LMHP	P	37 LMHP
90839		Individual psychotherapy - Crisis (1st hour)	\$ 124.52	\$	124.52	\$	99.62	\$	99.62	\$	85.92	\$	85.92	\$	82.18
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)	\$ 50.76	\$	50.76	\$	40.61	\$	40.61	\$	36.55	\$	36.55	\$	35.03
90846		Family psychotherapy (w/o client present) - office	\$ 115.54	\$	115.54	Ś	83.26	Ś	83.26	Ś	83.26	Ś	83.26	\$	81.56
		Family psychotherapy (w/o client present) -								Ė					
90846	НА	home based Family psychotherapy (w/o client present) -	\$ 115.54	\$	115.54	\$	83.26	\$	83.26			\$	83.26	\$	81.56
90846	U2	PRFC Family psychotherapy (w/o client present) -	\$ 115.54	\$	115.54	\$	83.26	\$	83.26			\$	83.26	\$	81.56
90846	U3	Day Treatment	\$ 115.54	\$	115.54	\$	83.26	\$	83.26			\$	83.26	\$	81.56
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$ 115.54	\$	115.54	\$	83.26	\$	83.26			\$	83.26	\$	81.56
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$ 115.54	ć	115.54	ċ	83.26	ċ	83.26			Ċ	83.26	ċ	81.56
30840	- 03	Family psychotherapy (w/o client present) -	\$ 113.54	۲	113.54	ې	63.20	۲	65.20			۲	83.20	۲	61.50
90846	U6	ThGh	\$ 115.54	\$	115.54	\$	83.26	\$	83.26			\$	83.26	\$	81.56
90847		Family psychotherapy (with client present)	\$ 122.34	\$	122.34	\$	96.85	\$	96.85	\$	84.96	\$	84.96	\$	81.56
90847	ET	Family psychotherapy (with client present) - Crisis	\$ 122.34	\$	122.34	\$	96.85	\$	96.85	\$	84.96	\$	84.96	\$	81.56
00047	114	Family psychotherapy (with client present) - Home based	ć 124.04	¢	124.04	٠ ,	100.25	۲.	100.25			ċ	00.20	¢	92.26
90847	НА	Family psychotherapy (with client present) -	\$ 124.04	\$	124.04	Ş.	100.25	Ş.	100.25			Ş	88.36	Ş	83.26
90847	U2	PRFC Family psychotherapy (with client present) -	\$ 122.34	\$	122.34	\$	96.85	\$	96.85			\$	84.96	\$	84.96
90847	U3	Day Treatment	\$ 122.34	\$	122.34	\$	96.85	\$	96.85	\$	84.96	\$	84.96	\$	84.96
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$ 122.34	\$	122.34	\$	96.85	\$	96.85			\$	84.96	\$	81.56
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$ 122.34	\$	122.34	\$	96.85	\$	96.85			\$	84.96	\$	81.56
		Family psychotherapy (with client present) -													
90847	U6	ThGh	\$ 122.34	\$	122.34	H÷-	96.85	\$	96.85			\$	84.96	_	81.56
90847	U7	Parent Child Interaction Therapy (PCIT)	\$ 122.34	\$	122.34	\$	96.85	\$	96.85		0100	\$	84.96		81.56
90847	U8	Child-Parent Psychotherapy (CPP)	\$ 122.34	\$	122.34	\$	96.85	\$	96.85	\$	84.96	\$	84.96	\$	81.56
90853		Group psychotherapy	\$ 36.88	\$	36.88	\$	29.56	\$	29.56	\$	25.29	\$	25.29	\$	24.38
90853	U2	Group psychotherapy - PRFC	\$ 36.88	\$	36.88	\$	29.56	\$	29.56	_		\$	25.29	\$	24.68
90853	U3	Group psychotherapy - Day Treatment	\$ 36.88	\$	36.88	\$	29.56	\$	29.56	\$	25.29	\$	25.29	\$	24.38
90853	U4	Group psychotherapy - IOP - Facility based	\$ 36.88	\$	36.88			\$		\$	25.29		25.29		24.38
90853	U6	Groupt psychotherapy - ThGh Electroconvulsive Therapy - ECT (Includes	\$ 36.88	\$	36.88	\$	29.56	\$	29.56			\$	25.29	\$	24.38
90870		Necessary Monitoring)	\$ 56.15	\$	56.15										
90887		Conference regarding client treatment	\$ 27.65	\$	27.65	\$	22.28	\$	22.28	\$	16.92	\$	16.92	\$	16.51
90887	U5	In-home Conf. regarding client treatment	\$ 27.65	\$	27.65	\$	22.70	\$	22.70	\$	16.92	\$	16.92	\$	16.51
96101		Psychological Testing - 1 hour													
96101	52	Psychological Testing - 1/2 hour													
96372		Therapeutic Injection	\$ 9.70	\$	9.70	\$	9.70	\$	9.70						
		Established patient Evaluation/Management -													
99211		office or outpatient visit	\$ 31.48	\$	31.48	\$	28.00	\$	28.00						
99212		Established patient Evaluation/Management - office or outpatient visit (focused)	\$ 47.41	\$	47.41	ć	40.25	\$	40.25						
33212		Established patient Evaluation/Management -	γ 4/.4 <u>1</u>	ې	47.41	ې	+0.23	٦	+0.23						
99213		office or outpatient visit (low complexity)	\$ 62.65	\$	62.65	\$	53.63	\$	53.63						

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CPT Code	Modifier	Description		PhD AND	39	LIMHP		7 PhD PROV	58 PL/	ADC	64	S PhD	67 PhD	78	3 LADC
00000		Individual psychotherapy - Crisis (1st hour)		,5		05.00			A 2-	46	_	00.07	d 400 05	_	05.00
90839		Leadinida ed a such eth annua. Crisis (edditional			\$	85.92	Ş	98.37	\$ 82	.18	Ş	98.37	\$ 103.35	\$	85.92
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)			\$	40.10	\$	40.10	\$ 35	.03	\$	40.10	\$ 42.13	\$	36.55
		Family psychotherapy (w/o client present) -													
90846		office			\$	83.26	\$	90.06			\$	90.06	\$ 93.45	\$	83.26
		Family psychotherapy (w/o client present) -													
90846	HA	home based	\$ 8	83.26	\$	83.26	\$	90.06			\$	90.06	\$ 93.45	\$	83.26
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$ 8	83.26	ċ	83.26	۲	90.06			\$	90.06	\$ 93.45	۲	83.26
30040	ÜŽ	Family psychotherapy (w/o client present) -	ې د	33.20	Ą	03.20	Ą	90.00			Ą	90.00	\$ 95.45	\$	63.20
90846	U3	Day Treatment	\$ 8	83.26	\$	83.26	\$	90.06			\$	90.06	\$ 93.45		
		Family psychotherapy (w/o client present) -													
90846	U4	IOP - Facility based	\$ 8	83.26	\$	83.26	\$	90.06			\$	90.06	\$ 93.45	\$	83.26
		Family psychotherapy (w/o client present) -													
90846	U5	IOP - Home based	\$ 8	83.26	\$	83.26	\$	90.06			\$	90.06	\$ 93.45	\$	83.26
00046		Family psychotherapy (w/o client present) -		20.20		00.00	,	00.00			_	00.06	A 00.45	,	02.26
90846	U6	ThGh	\$ 8	83.26	\$	83.26	\$	90.06		\dashv	\$	90.06	\$ 93.45	\$	83.26
90847		Family psychotherapy (with client present)			\$	84.96	\$	95.15			\$	95.15	\$ 100.25	\$	84.96
		Family psychotherapy (with client present) -													
90847	ET	Crisis			\$	84.96	\$	95.15			\$	95.15	\$ 100.25	\$	84.96
		Family psychotherapy (with client present) -											4		
90847	HA	Home based	\$ 8	83.26	\$	88.36	\$	98.55			\$	98.55	\$ 103.65		
90847	U2	Family psychotherapy (with client present) - PRFC	\$ 8	01 56	ċ	04.06	۲	95.15			Ļ	05.15	\$ 100.25	۲	94.06
90847	UZ	Family psychotherapy (with client present) -	2 (81.56	\$	84.96	Ş	95.15			\$	95.15	\$ 100.25	\$	84.96
90847	U3	Day Treatment	\$ 8	81.56	Ś	84.96	Ś	95.15			\$	95.15	\$ 100.25	\$	84.96
		Family psychotherapy (with client present) -											,		
90847	U4	IOP - Facility based	\$ 8	84.96	\$	84.96	\$	95.15			\$	95.15	\$ 100.25	\$	84.96
		Family psychotherapy (with client present) -													
90847	U5	IOP - Home based	\$ 8	84.96	\$	84.96	\$	95.15			\$	95.15	\$ 100.25	\$	84.96
		Family psychotherapy (with client present) -			_		_				_		4 400 0=	_	
90847	U6	ThGh	1 -	84.96	\$	84.96	\$	95.15			\$	95.15		_	84.96
90847 90847	U7 U8	Parent Child Interaction Therapy (PCIT) Child-Parent Psychotherapy (CPP)	\$ 6	84.96	_	84.96 84.96	\$	95.15 95.15			\$	95.15 95.15	\$ 100.25 \$ 100.25	\$	84.96
90853	00	Group psychotherapy			\$	25.29	\$	29.56			\$	29.26	\$ 30.78	\$	25.29
90853	U2	Group psychotherapy - PRFC	\$ 2	25.29	_	25.29	\$	29.26				29.26		\$	25.29
90853	U3	Group psychotherapy - Day Treatment				25.29	\$	29.26					\$ 30.78		25.29
		Group psychotherapy - IOP - Facility based													
90853	U4			25.29		25.29							\$ 30.78		25.29
90853	U6	Groupt psychotherapy - ThGh	\$ 2	25.29	\$	25.29	\$	29.56			\$	29.26	\$ 30.78	\$	25.29
00070		Electroconvulsive Therapy - ECT (Includes													
90870 90887		Necessary Monitoring)			ċ	16.02	\$	16.51		-	¢	22.70	\$ 22.70	ċ	16.02
		Conference regarding client treatment			\$	16.92					\$	22.70			16.92
90887	U5	In-home Conf. regarding client treatment	1		\$	16.92	\$	16.51		_	\$	22.70		\$	16.51
96101 96101	En	Psychological Testing - 1 hour					\$	88.16 43.58					\$ 90.14 \$ 45.07		
96101	52	Psychological Testing - 1/2 hour Therapeutic Injection	1				Ş	43.38		\dashv			/ 45.0		
30372										-					
		Established patient Evaluation/Management	1												
99211		office or outpatient visit													
		Established patient Evaluation/Management -													
		office or outpatient visit (focused)													
99212		oco or outputient visit (rocuseu)													
		Established patient Evaluation/Management -	-												
99213		office or outpatient visit (low complexity)													
33213			1						l					į .	

CPT Code	Modifier	Description	1	MD		2 DO	:	22 PA	29	9 APRN	30 RN	36 LMHP	37 PLMHP
		Established patient Evaluation/Management - office or outpatient visit (moderate											
99214		complexity)	Ś	86.08	\$	86.08	Ś	73.20	Ś	73.20			
		, , ,	7		7		T						
		Established patient Evaluation/Management - office or outpatient visit (high complexity)											
99215		office of outpatient visit (fligh complexity)	\$	86.25	\$	86.25	\$	73.65	\$	73.65			
		Initial inpatient hospital care - per day											
99221		Evaluation/Management (low complexity)	ċ	48.12	\$	48.12	خ	40.90	ċ	40.90			
33221		Initial inpatient hospital care - per day	٧	40.12	Ţ	40.12	۲	40.50	Y	40.50			
		Evaluation/Management (moderate											
99222		complexity)	\$	74.53	\$	74.53	\$	62.67	\$	62.67			
		Initial inpatient hospital care - per day											
99223		Evaluation/Management (high complexity)	ċ	91.07	\$	91.07	خ	77.90	ċ	77.90			
99223			Ş	91.07	Ş	91.07	Ş	77.90	Ą	77.90			
		Subsequent inpatient hospital care - per day											
99231		Evaluation/Management (focused)	\$	29.74	\$	29.74	\$	25.12	\$	25.12			
		Subsequent inpatient hospital care - per day											
00000		Evaluation/Management (expanded)	_	44.05	_	44.05	,	27.00		27.00			
99232			\$	44.35	\$	44.35	\$	37.88	\$	37.88			
		Subsequent inpatient hospital care - per day											
99233		Evaluation/Management (detailed)	\$	53.13	\$	53.13	\$	44.66	\$	44.66			
		Office Consultation outpatient (focused)											
99241		Office Consultation outpatient (focused)	\$	46.66	\$	46.66	\$	39.73	\$	39.73			
00242		Office Consultation outpatient (expanded)	۲	F2.CC	ے ا	F2.66	۲ ا	4F 04	۲.	4F 04			
99242			Ş	53.66	\$	53.66	\$	45.81	Ş	45.81			
99243		Office Consultation outpatient (detailed)	\$	88.08	\$	88.08	\$	74.53	\$	74.53			
		Office Consultation outpatient											
		Office Consultation outpatient (comprehensive - moderate complexity)											
99244		` ' ''	\$	97.02	\$	97.02	\$	81.92	\$	81.92			
99245		Office Consultation outpatient (comprehensive - high complexity)	\$	96.55	\$	96.55	\$	81.92	\$	81.92			
99251		Inpatient Consultation (focused)	_	49.54	\$	49.54	\$	42.04	\$	42.04			
99252		Inpatient Consultation (expanded)	_	61.67	\$	61.67	\$	52.66	\$	52.66			
99253		Inpatient Consultation (detailed)	\$	88.55	\$	88.55	\$	75.26	\$	75.26			
		Inpatient Consultation (comprehensive -		~~ ~=	_								
99254		moderate complexity) Inpatient Consultation (comprehensive - high	\$ 1	.03.95	\$	103.95	\$	88.93	\$	88.93			
99255		complexity)	\$ 1	18.58	\$	118.58	Ś	100.10	Ś	100.10			
H0001		Substance Use Assessment		21.57	\$	221.57		184.64	·	184.64		\$ 184.64	
		Substance Use Assessment - Addendum											
H0001	52			66.04	\$	66.04		66.04		66.04	A	\$ 66.04	A :
H0002		Bio-psychosocial Assessment	\$ 2	21.57	\$	221.57	\$	184.64	\$	184.64	\$ 184.64	\$ 184.64	\$ 180.95
H0002	52	Bio-psychosocial Assessment - Addendum	\$	66.04	\$	66.04	\$	66.04	¢	66.04	\$ 66.04	\$ 66.04	\$ 64.71
110002	32	Annual Supervision Assessment by	7	55.04	٧	50.04	٧	55.04	٧	55.04	y 00.04	Ç 00.04	ÿ 0 4 ./1
H0031	АН	Psychologist											
H0031	НО	Initial Diagnostic Interview by LIMHP											
110024	F2	Annual Supervision Assessment by LIMHP											
H0031 H1011	52	Family Assessment	\$	70.68	\$	70.68	\$	70.68	\$	70.68	\$ 70.68	\$ 70.68	\$ 68.38
111011			ڔ	70.00	٧	70.08	۲	70.00	۲	70.00	70.08	\$ 70.08	ψ U0.38
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$	0.34	\$	0.34	\$	0.34	\$	0.34			
		Injection - Haloperidol - up to 5mg (Haldol)											
J1630		injection Transperious - up to onig (ridiuol)	\$	2.26	\$	2.26	\$	2.26	\$	2.26			

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)	0,2						
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)							
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)							
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)							
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)							
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)							
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)							
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)							
99241		Office Consultation outpatient (focused)							
99242		Office Consultation outpatient (expanded)							
99243		Office Consultation outpatient (detailed)							
99244		Office Consultation outpatient (comprehensive - moderate complexity)							
99245		Office Consultation outpatient (comprehensive - high complexity)							
99251		Inpatient Consultation (focused)							
99252 99253		Inpatient Consultation (expanded)							
99254		Inpatient Consultation (detailed) Inpatient Consultation (comprehensive - moderate complexity)							
99255		Inpatient Consultation (comprehensive - high complexity)							
H0001		Substance Use Assessment		\$ 184.64	\$ 216.03		\$ 216.03	\$ 221.57	\$ 184.64
H0001	52	Substance Use Assessment - Addendum		\$ 66.04	\$ 64.71		\$ 64.71		\$ 66.04
H0002		Bio-psychosocial Assessment		\$ 184.64	\$ 216.03		\$ 216.03	\$ 221.57	
H0002	52	Bio-psychosocial Assessment - Addendum		\$ 66.04	\$ 64.71		\$ 64.71	\$ 66.04	
H0031	АН	Annual Supervision Assessment by Psychologist						\$ 82.23	
H0031	НО	Initial Diagnostic Interview by LIMHP Annual Supervision Assessment by LIMHP		\$ 79.24					
H0031 H1011	52	Family Assessment		\$ 60.81 \$ 70.68	\$ 68.38		\$ 68.38	\$ 70.68	
J0400		Injection - Aripiprazole 0.25 mg (Abilify)							
J1630		Injection - Haloperidol - up to 5mg (Haldol)							

CPT Code	Modifier	Description	1	MD	2 DO	2	22 PA	29	APRN	30 RN	36 LMHP	37 PLMHP
		Injection - Haloperidol Decanoate - per 50mg										
J1631		(Haldol Decanoate)	\$	3.73	\$ 3.73	\$	3.73	\$	3.73			
		Injection - Fluphenazine Decanoate - up to										
J2680		25mg (Prolixin Decanoate)	\$	3.05	\$ 3.05	\$	3.05	\$	3.05			
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$	7.19	\$ 7.19	\$	7.19	\$	7.19			

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NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES Provider - Fee For Service

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CPT Code	Modifier	Description	38 PhD	39 LIMHP	57 PhD	EO DI ADC	64 S PhD	67 PhD	78 LADC
CF1 Code	Modifier	Description	CAND	39 LIIVITIP	PROV	36 PLADC	04 3 PHD	07 PIID	76 LADC
		Injection - Haloperidol Decanoate - per 50mg							
J1631		(Haldol Decanoate)							
		Injection - Fluphenazine Decanoate - up to							
J2680		25mg (Prolixin Decanoate)							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)							

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt
		Family psychotherapy (w/o client present) -							
90846	U3	Day Treatment Electroconvulsive Therapy - ECT (Includes							
00070		Necessary Monitoring)	¢110.40						
90870			\$110.48	ć0.70	ć0.70				
96372		Therapeutic Injection Community Treatment Aide (CTA) (per 15	\$9.70	\$9.70	\$9.70				
H0036		min.)		\$11.20	\$11.20		\$11.20		
110030		Assertive Community Treatment Program		ÿ11. <u>2</u> 0	Ψ11. 2 0		Ψ11. 2 0		
H0040		(ACT) - (MRO) (per diem)						\$44.49	
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem)						\$41.80	
H2000		Comprehensive Multidisciplinary Evaluation (CCAA)		\$1,004.73	\$1,004.73				
112000		Partial Hospitalization - minimum 6 units (per		\$1,004.73	\$1,004.73				
H2012		hour rate)	\$42.46						
		Partial Hospitalization - maximum 3 units (per	Ψ.Δ						
H2012	52	hour rate)	\$42.14						
		,							
		Psychiatric Residential Treatment Facility							
H2013		(PRTF) Hospital- Based (per diem)	\$398.38						
		Psychiatric Residential Treatment Facility							
H2013	UA	(PRTF) Hospital- Based: TLD:Home (per diem)	\$398.38						
		(PRTF) Hospital- Based: TLD: ICD-Psych (per							
H2013	UB	diem)	\$398.38						
		Psychiatric Residential Treatment Facility							
		(PRTF) Hospital- Based: TLD: ICD-Med/Surg							
H2013	UC	(per diem)	\$398.38						
		Intensive Outpatient (IOP) - Direct Care Staff							
H2014		(rate per 15 min.)		\$7.09	\$7.09				
		Community Support Services - mental health -							
H2015	HE	(MRO) (rate per 15 min.)							\$20.75
		Day Rehabilitation Services - (MRO) -							
H2017		minimum 12 units - (rate per 15 min.)							
		Day Rehabilitation Services - full day - (MRO) -							
H2018		(per diem)							
		Secure Residential Rehabilitation Services -							
H2018	HK	(MRO) - (per diem)							
		Residential Rehabilitation Services - (MRO) -							
H2018	TG	(per diem)						1	
H2020		Therapeutic Group Home (ThGH) (per diem)							
112020		Therapeutic Group Home (ThGH): TLD: Home							
H2020	UA	(per diem)							
112020	- OA	Therapeutic Group Home (ThGH): TLD: ICD-							
H2020	UB	Psych (per diem)							
		Therapeutic Group Home (ThGH): TLD: ICD-							
H2020	UC	Med/Surg (per diem)							
	1	Day Treatment - Direct Care Staff (rate per 15						İ	
H2027		min unit)							
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34						
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.26	\$2.26	\$2.26				
31030		Injection - Haloperidol - up to Sing (Haldol) Injection - Haloperidol Decanoate - per 50mg	72.20	72.20	72.20				
J1631		(Haldol Decanoate)	\$3.73	\$3.73	\$3.73				
71031		1	73.73	Ψ3.73	۷۵.۲۵			l .	1

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CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
		Family psychotherapy (w/o client present) -								
90846	U3	Day Treatment				\$83.26				
00070		Electroconvulsive Therapy - ECT (Includes								
90870 96372		Necessary Monitoring) Therapeutic Injection	\$9.70	\$9.70	\$9.70					
90372		Community Treatment Aide (CTA) (per 15	\$3.70	39.70	\$9.70					
H0036		min.)								
110000		Assertive Community Treatment Program								
H0040		(ACT) - (MRO) (per diem)								
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem)								
		Comprehensive Multidisciplinary Evaluation								
H2000		(CCAA)								
		Partial Hospitalization - minimum 6 units (per								
H2012		hour rate)				\$42.46				
112012	F2	Partial Hospitalization - maximum 3 units (per				¢42.14				
H2012	52	hour rate)				\$42.14				
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)								
		Developtic Decidential Treatment Facility								
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem)								
112013	UA	(PRTF) Hospital- Based: TLD: ICD-Psych (per								
H2013	UB	diem)								
112013	0.5	Psychiatric Residential Treatment Facility								
		(PRTF) Hospital- Based: TLD: ICD-Med/Surg								
H2013	UC	(per diem)								
		Intensive Outpatient (IOP) - Direct Care Staff								
H2014		(rate per 15 min.)								
		Community Support Services - mental health -								
H2015	HE	(MRO) (rate per 15 min.)								
112047		Day Rehabilitation Services - (MRO) -	ć2.26							
H2017		minimum 12 units - (rate per 15 min.) Day Rehabilitation Services - full day - (MRO) -	\$2.26							
H2018		(per diem)	\$54.30							
112010		Secure Residential Rehabilitation Services -	ууч.50							
H2018	НК	(MRO) - (per diem)		\$336.91						
		Residential Rehabilitation Services - (MRO) -								
H2018	TG	(per diem)		\$111.08						
H2020		Therapeutic Group Home (ThGH) (per diem)						\$158.87		
		Therapeutic Group Home (ThGH): TLD: Home								
H2020	UA	(per diem)								
H2020	LID	Therapeutic Group Home (ThGH): TLD: ICD-								
H2020	UB	Psych (per diem) Therapeutic Group Home (ThGH): TLD: ICD-								
H2020	UC	Med/Surg (per diem)								
2020	- 55	Day Treatment - Direct Care Staff (rate per 15								
H2027		min unit)				\$10.98				
J0400		Injection - Aripiprazole 0.25 mg (Abilify)								
J1630		Injection - Haloperidol - up to 5mg (Haldol)								
		Injection - Haloperidol Decanoate - per 50mg								
J1631		(Haldol Decanoate)								
		-						•——		•

			10	12 Hosp	13 Prof	14 Home	35 MH	41 Assert	44 Comm
CODE	MOD	DESCRIPTION	Hospital	Clinic	Clinic	Health	Home Health	Comm	Suppt
		Injection - Fluphenazine Decanoate - up to							
J2680		25mg (Prolixin Decanoate)	\$3.05	\$3.05					
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.19	\$7.19	\$7.19				
		Paliperidone Palmitate 1mg (Invega) by	-	·					
J2426		Invoice							
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice							
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice							
T1014		Telehealth transmission (per minute)	\$ 0.08	\$ 0.08	\$ 0.08				
T1027		Professional Resource Family Care (PRFC) - Direct Care Staff (per diem)							
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)							
T1027	UB	Professional Resource Family Care (PRFC) - therapuetic leave day psych (per diem)							
T1027	UC	Professional Resource Family Care (PRFC) - therapuetic leave day (per diem)							
11027	UC	Psychiatric Residential Treatment Facility							
T2033		(PRTF) - Specialty (per diem)							
		Psychiatric Residential Treatment Facility							
T2033	UA	(PRTF) - Specialty: TLD:Home (per diem)							
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)							
		Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per							
T2033	UC	diem)							
		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty							
T2048		(per diem)							
		Psychiatric Residential Treatment Facility							
T2040		(PRTF) - Community Based - Non-Specialty:							
T2048	UA	TLD:Home (per diem) Psychiatric Residential Treatment Facility							
		(PRTF) - Community Based - Non-Specialty:							
T2048	UB	TLD: ICD-Psych (per diem)							
12040	55	125. 166 1 Syen (per diem)							
		Psychiatric Residential Treatment Facility							
		(PRTF) - Community Based - Non-Specialty:							
T2048	UC	TLD: ICD-Med/Surg (per diem)							

CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
		Injection - Fluphenazine Decanoate - up to								
J2680		25mg (Prolixin Decanoate)								
S0166		Injection - Olanzapine 2.5mg (Zyprexa)								
		Paliperidone Palmitate 1mg (Invega) by								
J2426		Invoice								
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice								
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice								
T1014		Telehealth transmission (per minute)								
T1027		Professional Resource Family Care (PRFC) - Direct Care Staff (per diem)							\$55.80	
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)							\$55.80	
T1027	UB	Professional Resource Family Care (PRFC) - therapuetic leave day psych (per diem)							\$55.80	
T1027	UC	Professional Resource Family Care (PRFC) - therapuetic leave day (per diem)							\$55.80	
T2033		Psychiatric Residential Treatment Facility (PRTF) - Specialty (per diem)								\$315.35
T2033	UA	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD:Home (per diem)								\$315.35
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)								\$315.35
T2033	UC	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per diem)								\$315.35
12033	UC	Psychiatric Residential Treatment Facility								\$313.33
		(PRTF) - Community Based - Non-Specialty								
T2048		(per diem)								\$296.38
12046		Psychiatric Residential Treatment Facility			<u> </u>					Ç250.50
		(PRTF) - Community Based - Non-Specialty:								
T2048	UA	TLD:Home (per diem)								\$296.38
		Psychiatric Residential Treatment Facility								
		(PRTF) - Community Based - Non-Specialty:								
T2048	UB	TLD: ICD-Psych (per diem)								\$296.38
		Psychiatric Residential Treatment Facility								
		(PRTF) - Community Based - Non-Specialty:								
T2048	UC	TLD: ICD-Med/Surg (per diem)								\$296.38